

MAIL TO: FRAUD INVESTIGATION AND ESTATE RECOVERY

FAMILY AND SOCIAL SERVICES ADMINISTRATION OFFICE OF MEDICAID POLICY AND PLANNING - MS07

402 West Washington Street, Room W374 Indianapolis, Indiana 46204-2739

Telephone: 877-267-0013 Fax: 317-232-7382

County office requesting						
Address (number and street, city, state, ZIP code)						
Telephone number	Fax number					
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()	()					

* Demoired State					()	()	
* Required field								
RECIPIENT IDENTIFICATION NUMBER*		NAME OF RECIPIENT*		DATES OF SERVICE (DOS)* (month, day, year)		DATE OF BIRTH* (month, day, year)		
					FDOS	TDOS	(month, day, year)	
Reason for request:								
Reason for request.	☐ Recovery due to hearing de☐ Fraud	decision Overpayment due to agency error Overpayment due to client error Voluntary repayment Other (please specify)						
Special instructions								
Name of person requesting information Telephone number								
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